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U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)


| | | | |
|------------------------------------|---|---|-------------------------|
| DOCKET NO. 10191/3721 | APPLICATION SERIAL NO. 10/523,549 | EXAMINER Michael Rutland Wallis | ART UNIT 2836 |
| INVENTOR(S): Frank SCHOU | | CONFIRMATION NO. 3731 | |

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: April 24, 2007

Signature:


Jong H. Lee (Reg. No. 36,197)

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. **10/523,549** filed on **March 17, 2006** entitled **SWITCH FOR SWITCHING OFF AT LEAST ONE AIRBAG**. The following constitutes the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ Please enter the enclosed "Rule 116 Amendment Accompanying RCE" responsive to the final Office Action dated January 29, 2007.
- ☐ Information Disclosure Statement
- ☐ Drawing Changes
- ☐ Other Submission:

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached. Amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT NUMBER EXTRA | RATE (\$) PER CLAIM | FEE (\$) |
|-----------------------------|---|-------|---|---|-------------------------------------|-----------------------------|
| BASIC FEE | | | | | | 790.00 |
| TOTAL CLAIMS | 8 | MINUS | 20 | 0 | 50.00 | 0.00 |
| INDEPENDENT CLAIMS | 3 | MINUS | 3 | 05/01/2007 01 FC:1801 | BEST:200.000 790.00 DA 360.00 | 0.00 10523549 |
| MULTIPLE DEPENDENT CLAIM | | | | | | |
| | | | | Number extra must be zero or larger | TOTAL | 790.00 |
| | If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | | | SMALL ENTITY TOTAL 00 |

2. Please charge the required RCE and submission filing fee of **\$790.00** to the deposit account of **Kenyon & Kenyon LLP**, Deposit Account Number **11-0600**.
3. The Commissioner is hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon LLP**, deposit account number **11-0600**.
4. A duplicate of this transmittal form is enclosed.

Respectfully submitted,

 (R. No. 36,197)

Dated: April 24, 2007

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